



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E260593**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-01892
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LOCAL AGENCY CODING

TOTAL # OF UNITS	02	OBJECT STRUCK
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 02 - 2013	1321	31		
N S E W IN OF 0884				

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9	BLOCK NO.	MILE POST

DISTANCE	OF (REFERENCE OR CROSS STREET)
SR 92	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS

CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE HOND	MODEL CIVIC	STYLE 4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253449481
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LAST NAME	NIMMER	FIRST NAME	LEILA	MIDDLE INITIAL	A
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STREET NEW ADDRESS	313 97TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982583908
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	NIMMELA224Q5	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11 - 25 - 1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AIV1481	STATE	WA	VIN#	2HKRL18681H601190
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2001	MAKE HOND	MODEL ODYSSEY	STYLE VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # KEMPER RC993046	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>

OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
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RON BROOKS	013	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E260593**

CASE # **13-01892**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NIMMER SPENCER																	
ADDRESS & PHONE #		SAME LAKE STEVENS WA 98258																	
SEX		F		D.O.B.		MMDDYYYY		07		31		2007							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		NIMMER CASH																	
ADDRESS & PHONE #		SAME																	
SEX		M		D.O.B.		MMDDYYYY													
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY													
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

The driver of Unit 2 said that she was traveling Northbound on SR 9 when Unit 1 came headon at her into her lane of travel where a concrete barrier divided the northbound and southbound lane. The Driver of unit 2 said that she swerved to the right to avoid a headon collision and was struck in the back end by Unit 1. after the collision Unit 1 took off and fled the scene. She described the vehicle as a dark green Honda Civic.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

08-02-13 03:28 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

RON BROOKS 013

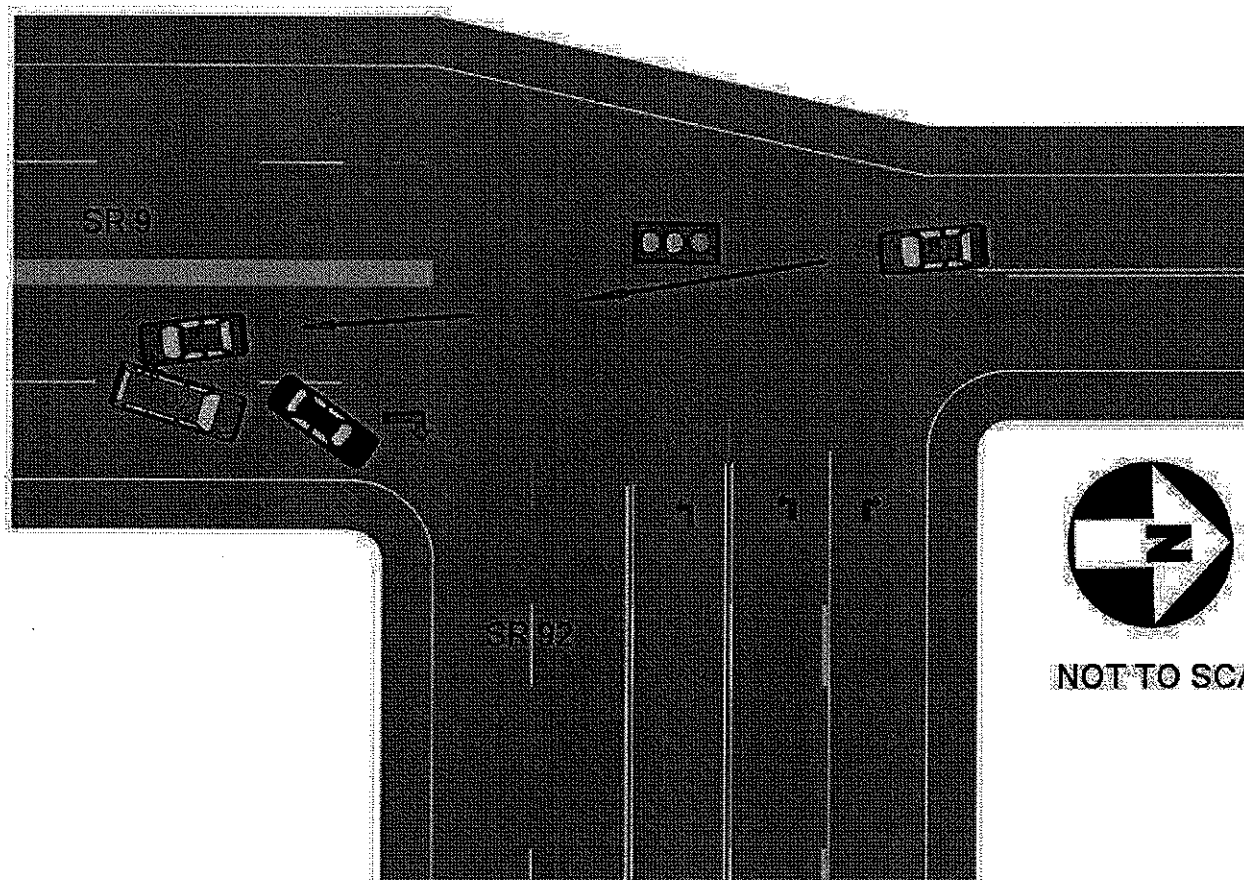
8/2/2013 4:56:03 PM

BADGE OR ID # **013**

ORI # **WA0311900**

TIME POLICE DISPATCHED **1:22 PM**

TIME POLICE ARRIVED **1:25 PM**

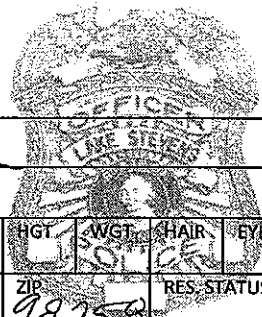


NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-01892



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Nimmer, Leila, Ann	RACE W	ETH	SEX F	DOB 11/25/78	AGE 34	HGT 5'10"	WGHT 150	HAIR BRN	EYES BLU
STREET ADDRESS 313 97th AVE SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-344-9461		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS Nimmer-78@hotmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling north on Hwy 9 when a car was coming straight into my lane. The truck in front of me swerved to miss getting hit head on, so I also swerved on the car coming at me. Clipped the driver side back end of my van. I pulled over onto the shoulder and the car that hit me took off.

In my van with me were my daughter Spencer Nimmer (6) who was directly behind the passenger seat and my son Cash (3) who was in the back seat directly behind my daughter.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Leila Nimmer	DATE SIGNED 8/2/2013	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: 30178	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___